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|---------------|-------------|-------|----------------|---------------------|
| SERIAL NUMBER | FILING DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
| 09/212,434 | 12/16/98 | 395 | 2787 | 862-2569 |

APPLICANT

KITAHIRO KANEDA, YOKOHAMA-SHI, JAPAN.

CONTINUING DOMESTIC DATA***
VERIFIED

MD NONE

371 (NAT'L STAGE) DATA***
VERIFIED

MD NONE

FOREIGN APPLICATIONS***

| | | | |
|-----------|-------|----------|----------|
| VERIFIED | JAPAN | 9-351710 | 12/19/97 |
| | JAPAN | 9-351711 | 12/19/97 |
| <u>MD</u> | JAPAN | 9-355761 | 12/24/97 |
| | JAPAN | 9-358518 | 12/25/97 |
| | JAPAN | 9-358519 | 12/25/97 |
| | JAPAN | 9-358520 | 12/25/97 |

| | | | | | |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------|--------------------|--------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY JPX | SHEETS DRAWING 17 | TOTAL CLAIMS 78 | INDEPENDENT CLAIMS 18 |
| Verified and Acknowledged | <u>MD</u> Examiner's Initials | | | | |

SEE CUSTOMER NUMBER: 005514

ADDRESS

TITLE

CUMMUNICATION SYSTEM AND CONTROL METHOD THEREOF, AND
COMPUTER-READABLE MEMORY

| | | |
|---------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILING FEE RECEIVED | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
| \$2,974 | | |